PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

58870 US W4

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		THAN
			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			60					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			63 min	us 20=	* /	10		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =			/		X42=		OR	X84=	-
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							!	TOTAL		OR	TOTAL	1645
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F.CL AIM	=		X42=		OR	X84=	
	THOTTMESE	INTATION OF WI		LINDEN	CLATIVI] [+140=		OR	+280=	
		•						TOTAL ADDIT FEE	20 12 Manufacture 1	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)			1.4		ADDII. 1 EE J	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER	PRESENT EXTRA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RATE	ADDI- TIONAL FEE	The state of the s	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		;OR	X\$18=	
	Independent	*	Minus	***		=]	X42=	<	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>r i jakonik</u> Karonik subi) ,		
		,	•		•	,		+140=		OR	+280=	
							1	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3))			·. · · · ,	· · · . ,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		1		PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		ОR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	3	160 c
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
* **	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	ın 20, enter "20		TOTAL ODIT FEE	: , ' ,	OR	TOTAL ADDIT FEE	
		imber Previously P nber Previously Pa						nd in the app	ropriate box	k in co	lumn 1.	